

BOARD OF REGISTERED NURSING
Administrative Committee
Agenda Item Summary

AGENDA ITEM: 5.1

DATE: December 13, 2011

ACTION REQUESTED: Regulatory Proposal: California Code of Regulations, Article 10, Sponsored Free Health Care Event – Requirements for Exemption.

REQUESTED BY: Geri Nibbs, MN, RN, NEC
Bobbi Pierce, SSM

BACKGROUND:

The Board has promulgated regulations to implement Assembly Bill 2699 (Bates), which was chaptered last year and became effective January 1, 2011. The statute permits the Board to issue authorization for registered nurses licensed in another state, district, or territory of the United States to provide nursing services at “sponsored events” in this state without obtaining a California RN license. The public hearing for the proposed regulations is scheduled for December 12th, and the public comment period ends that day. As of the writing of this Summary (December 7, 2011), only the California Nurses Association (CNA) has submitted a comment. Other comments, if any, will be reported to the Board at the meeting.

CNA suggested that Section 1502, Out-of-State Practitioner Authorization to Participate in Sponsored Event, be modified to specify that the out-of-state practitioner would be “an uncompensated/unpaid volunteer.”

Staff Response: Although none of the sections of the proposed Article 10 specify that the out-of-state registered nurse must practice as an uncompensated/unpaid volunteer, the application to practice form (901-B (09/2011) does; the form is incorporated into regulation by reference. The applicant is required to sign the form, under penalty of perjury, and the form reads in pertinent part:

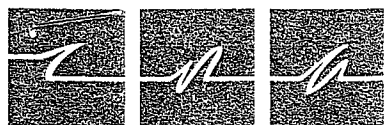
“I will provide the services authorized by this request and Business and Professions Code Section 901 to uninsured and underinsured persons only and shall not receive compensation for such services.”

CNA's letter and the “Acknowledgement/Certification” page of the application are attached.

NEXT STEP: Continue with process per direction of the Board.

FISCAL IMPLICATION, IF ANY:

PERSON TO CONTACT: Geri Nibbs, NEC
(916) 574-7682
Bobbi Pierce, Licensing Staff Services Manager
(916) 574-7668



CALIFORNIA
NURSES
ASSOCIATION



NATIONAL NURSES
ORGANIZING COMMITTEE

A Voice for Nurses. A Vision for Healthcare.
www.calnurses.org / www.nnoc.net

November 9, 2011

Ms. Alcidia Valim
California Board of Registered Nursing
1747 North Market Boulevard, Ste. 150
Sacramento, CA 95834

Dear Ms. Valim:

On behalf of the 86,000 registered nurses (RN) of the California Nurses Association, I am writing requesting an additional section be added to Article 10, Sponsored Free Health Care Events – Requirements for Exemption.

It has come to my attention that the legislation (Assembly Bill 2699) states that the services are as a "volunteer", and this clearly means non-compensated. There are numerous sections of the CCR for Professional and Vocational Codes (Title 16) that use the term "volunteer" and in all instances it refers to folks who are not being compensated for the care or work being provided. These out-of-state practitioners need to understand that their work in California is unpaid and the regulations should reflect the clear intent of the statute. There is reference to the volunteer aspect in the statute and in the B&P Code Section 901 but the regulations are unclear and need to be made clear to any practitioner that comes to California.

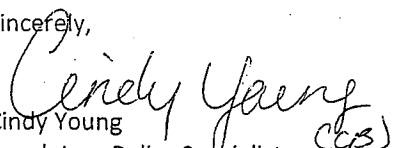
We would suggest adding a Section in the proposed regulations:

Section 1502. Out-of-State Practitioner Authorization to Participate in Sponsored Event.

(a) Request for Authorization to Participate. An out-of-state practitioner ("applicant") may request authorization from the board to participate in a sponsored event as an uncompensated/unpaid volunteer and provide such health care services at the sponsored event as would be permitted if the applicant were licensed by the board to provide those services. An applicant shall request authorization, at least sixty (60) days prior to the sponsored event, by submitting to the board a completed Form 901-B (09/2011), which is hereby incorporated by reference, accompanied by a non-refundable, non-transferable processing fee of \$50.00. The applicant shall not participate in more than four (4) sponsored events in a twelve (12) month period. The applicant shall also furnish either a full set of fingerprints or submit a Live Scan inquiry to establish the identity of the applicant and to permit the board to conduct a criminal history record check. This requirement shall apply only to the first application for authorization that is submitted by the applicant within a twelve (12) month period.

Thank you in advance for your consideration,

Sincerely,


Cindy Young
Regulatory Policy Specialist

Cc: Bonnie Castillo, Director, Governmental Relations
Geri Nibbs, California Board of Registered Nursing

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MAINE
160 Capitol St. #1
Augusta ME 04330
Tel: 207/622-1057
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ACKNOWLEDGMENT/CERTIFICATION

I, the undersigned, declare under penalty of perjury under the laws of the State of California and acknowledge that:

- I have not committed any act or been convicted of a crime constituting grounds for denial of licensure by the board.
- I am in good standing with the licensing authority or authorities of all jurisdictions in which I hold licensure and/or certification to practice registered nursing.
- I will comply with all applicable practice requirements required of registered nurses and all regulations of the Board.
- I am clinically competent to perform the registered nursing services that I will be providing at the event, and have provided the same or similar services to clients within the last three (3) years.
- In accordance with Business and Professions Code Section 901(i), I will only practice within the scope of my licensure and/or certification and within the scope of practice for California-licensed registered nurse.
- I will provide the services authorized by this request and Business and Professions Code Section 901 to uninsured and underinsured persons only and shall receive no compensation for such services.
- I will provide the services authorized by this request and Business and Professions Code Section 901 only in association with the sponsoring entity or local government entity listed herein and only on the dates and at the locations listed herein for a period not to exceed ten (10) calendar days.
- I am responsible for knowing and complying with California law and practice standards while participating in a sponsored event located in California.
- I understand that practice of a regulated profession in California without proper licensure and/or authorization may subject me to potential administrative, civil and/or criminal penalties.
- I understand that the Board may notify the licensing authority of my home jurisdiction, other states in which I hold a registered nurse license, and/or other appropriate law enforcement authorities of any potential grounds for discipline associated with my participation in the sponsored event.
- All information provided by me in this application is true and complete to the best of my knowledge. By submitting this application and signing below, I am granting permission to the Board to verify the information provided and to perform any investigation pertaining to the information I have provided as the board deems necessary.

Signature

Date

Name Printed

License Number

Board Action

Approved: _____

Denied: _____

Date: _____

Reviewer: _____

BOARD OF REGISTERED NURSING
Administrative Committee
Agenda Item Summary

AGENDA ITEM: 5.1 - Update
DATE: December 13, 2011

ACTION REQUESTED:	Regulatory Proposal: California Code of Regulations, Article 10, Sponsored Free Health Care Event – Requirements for Exemption.
REQUESTED BY:	Geri Nibbs, MN, RN, NEC Bobbi Pierce, SSM
BACKGROUND:	
<p>The public hearing was held and no one testified or presented written comments at the hearing.</p> <p>California Nurses Association withdrew its comment letter.</p> <p>Elliot Hochberg submitted the attached written comments related to Section 1503, “Termination of Authorization and Appeal.” Staff response to the comments are as follows:</p> <p>1. Section (a)(3) is not an addition to the statute, but is necessary for clarification and implementation of the statute, and, as stated in the Initial Statement of Reasons, is necessary for the Board to act consistently with its mandate that protection of the public is its highest priority. Section (a)(2) states that commission of an act that would constitute grounds for discipline if done by a licensee is grounds for termination; being unfit to practice or endangering consumers constitutes grounds for license discipline. Furthermore, the starting point for Board action is receipt of a complaint. The proposed regulation clarifies that the Board will take action only if the complaint is credible. The Board’s response to credible complaints will be a high priority and action can and will be immediate. The procedures for processing of such complaints and issuance of termination of authorization to practice notices (Notice) have not been developed. However, the procedures do not have to mirror those for license-related discipline since the authorizing statutes and the proposed regulations are different.</p> <p>The sponsoring entity may require that the registered nurse cease practice immediately, and hopefully will. However, as Hochberg indicated, only the Board can terminate the authorization to practice. The Notice remains in effect, even during the appeal process; the Notice can include such a statement.</p> <p>The termination of authorization to practice is a public record, which would be made public only after all appeals have been exhausted. Board policies and procedures, such as the “BRN Complaint Disclosure Policy,” will be modified, as necessary and appropriate. The Board addressed the issue related to reporting to the national practitioner data basis in the Initial Statement of Reasons; it is necessary for public protection. The grounds for termination are those that the Board itself would consider as disciplinary measures for its own licensees. The Board does not have disciplinary authority over the out-of-state practitioners; its only disciplinary remedy is to report the action to the licensee’s home state, other states of licensure, and the national practitioner data base.</p> <p>2. Deeming of Disciplinary Action: As provided in the statute, the out-of-state practitioner who provides</p>	

health care services in violation of the statute is *deemed* to be practicing in violation of the statute. (Emphasis added.) Neither the statute nor proposed regulations create a “deeming” standard for imposing of disciplinary action. The Board terminates the authorization to practice; the state issuing the license makes the determination on disciplinary action, if any.

3. Use of Informal Conference: The regulatory proposal includes two appeal options: 1503(d) an informal hearing under the Administrative Procedures Act as provided in Section 901(j)(2) of the Code; and 1503(e) an informal conference option with the executive officer or his/her designee.

4. Consequences of Termination – Reporting to National Practitioner Data Banks and States of Licensure: Board actions would be reported to the national practitioner data bank only after they have been finalized, i.e. after appeal option has been exhausted. This is consistent with the Board’s citation and fine reporting procedures. The Board will continue to use its routine reporting procedures, which at the present time is through Nursys. The reporting mechanism is subject to change, and the Board does not wish to limit its options via regulatory codification.

Summary: The Board is not taking disciplinary action against a license; but, under specified conditions, may terminate an authorization to practice. Staff does not concur with the implementation problems or unintended consequences specified by Hochberg.

NEXT STEP:

Continue with process per direction of the Board.

FISCAL IMPLICATION, IF ANY:

PERSON TO CONTACT:

Geri Nibbs, NEC
(916) 574-7682
Bobbi Pierce, Licensing Staff Services Manager
(916) 574-7668

12/12/2011

Elliot Hochberg

Proposed Regulation on Sponsored Free Health Care Events – Requirements for Exemption

Thank you for the opportunity to comment on this proposed regulation. I have provided recommendations, along with my comments.

COMMENTS:

The statute on which this proposal is based apparently is intended to create a state license exemption for out-of state registered nurses to provide free services on a short term, voluntary basis to uninsured persons. The proposed regulations have prescriptive, enforcement related provisions. While this was an Education/Licensing Committee agenda item, the numerous enforcement components appear to impact many enforcement related stakeholders and raise questions regarding implementation.

POTENTIAL IMPLEMENTATION PROBLEMS:

§1503. Termination of Authorization and Appeal.

A “credible complaint” was apparently added as a public protection in addition to provisions in the statute. It is separate and stands alone as grounds for termination under subsection (a)(3) in the event that the out-of-state licensed RN is unfit to practice or endangering the public. As this is in addition to the statute, the remedy also needs to be in addition to the statute. Serious and imminent threats to public safety by someone over which the BRN has no licensing authority should not require the inevitable delays of a complaint intake process, and subsequent internal review procedures leading to further delays before the issuance and receipt of a written notice of termination. A credible complaint should be of the highest priority that requires immediate public protection action by the *sponsoring entity*. If someone is endangering the public, it simply cannot wait.

The sponsoring entity itself should be permitted by regulation to act by ordering the person to cease practice immediately. Notification of the BRN of the action taken should be also be immediate. Credible complaint documentation could be required within a short turnaround time i.e. 24 hours. This cease practice order would not be the official termination notice, which the BRN would then process. If there is an appeal of the termination authorization, this cease practice order should stay in effect during the appeal so that the person cannot attempt to resume work at the event while an appeal is pending.

Since no formal charges can apparently be filed against an out-of-state licensee, a credible complaint and perhaps any other complaint against the out-of-state licensee that results in a final termination action is a public record. This needs to be clarified. If credible complaints and other complaints against out-of-state RNs are a public record, the BRN Complaint Disclosure Policy would need to be amended.

The statute under BPC 901(j)(1) and these proposed regulations under (a)(1) appear to give the BRN permission to terminate authorization for violations of provisions above and beyond those which are grounds for discipline. This is appropriate, as termination criteria should not necessarily have to reach

the level of discipline. However, the regulations go beyond the statute in subsection (c), and require all terminations regardless of whether they are grounds for discipline to be deemed a disciplinary action reportable to the national practitioner data banks. It is unclear why violations that are not grounds for disciplinary action are still deemed as disciplinary action reportable to the national practitioner data banks.

Deeming of Disciplinary Action

This proposal creates a new “deeming” standard for imposing a disciplinary action on an out-of-state licensee as a consequence to termination of authorization. The Initial Statement of Reasons makes no reference to the deeming of disciplinary action. Business and Professions Code (BPC) Section 901(j)(3) states, “A health care practitioner who provides health care services in violation of this paragraph shall be deemed to be practicing health care in violation of the applicable provisions of this division and be subject to any applicable administrative, civil, or criminal fines, penalties, and other sanctions provided in this division.” As deeming of discipline is not an existing provision, it may have unintended consequences.

Disciplinary action imposes an adverse *license* outcome e.g. a restriction, suspension, revocation or denial of a license or certificate. The deeming of disciplinary action is an adverse outcome, but it is not an adverse *license* outcome. There are apparently no formal charges, as I mentioned. Nor is a standard of proof discussed in the Initial Statement of Reasons. It appears that it will remain the sole discretion of the actual state of licensure to impose a disciplinary action *against the license*.

Use of the informal conference as an option for deemed disciplinary action

The proposal has one subsection, “*Informal Conference Option*”, where hearings (presumably the same as “administrative” or “formal” hearings) are included with informal conferences (presumably the same as “informal” hearings). However, the title only states “Informal Conference Option.” The consumer should be informed in the title and in the regulations that there are actually *two* options available, one informal and one formal.

The citation model and cost issues are the rationale offered for an informal conference option. But citations are an alternative to discipline. The availability of an *informal* conference to contest a credible complaint or a complaint that is grounds for discipline seems inconsistent with the severity of the allegations. Such allegations may result in a suspension or revocation of a license in the state of licensure.

Consequences of Termination - Reporting to National Practitioner Data Banks and States of Licensure

The reporting requirements in subsection (c) do not state when they are to occur. This can have unintended consequences. The state of licensure and data banks might be provided information *before* an appeal decision is received that is favorable to the out-of-state licensee. If the data banks are provided information before the state of licensure imposes a disciplinary action, there are also unintended consequences if the state of licensure differs on whether to discipline. This might mean that the state of licensure would not report to the federal data banks.

Nursys is not mentioned in the proposal. Will the BRN deviate from its normal procedure and report directly to the national practitioner data banks instead of through Nursys? Is there a mechanism for Nursys or the data banks in place to enter data on deemed discipline against someone who is not licensed in this state?

RECOMMENDATION:

Respectfully, it is my opinion that there are potential implementation problems and unintended consequences in this proposal.

The aforementioned issues need to be reviewed. There should be further vetting of the deemed discipline concept and reporting out-of-state licensees to the national practitioner data banks (as well as clarifying if Nursys is used). There are implementation timing issues to states of licensure, as well. The complaint procedures and appeal procedures need review. There are other implementation issues to consider. This proposal will impact information needed in public and confidential databases, record maintenance and for tracking purposes.

I would suggest using or modifying regulations on citations, fines and orders of abatement for unlicensed practice as a possible alternative. Citations are used for unlicensed practice matters currently, and have an informal and formal appeals process. There is a lower standard of proof than discipline. The state of licensure would then be responsible for disciplinary matters. For criminal matters, there are already procedures in place, as well.

BOARD OF REGISTERED NURSING
Administrative Committee
Agenda Item Summary

AGENDA ITEM: 5.2

DATE: December 13, 2011

ACTION REQUESTED: Proposed Language for Sunset Bill

REQUESTED BY: Jeannine Graves, RN
President

BACKGROUND:

On October 9, 2011, the Governor vetoed SB 538 due to pension issues related to the sworn investigators. SB 538 was the Board's sunset bill extending the provisions of the Board until 2016. As a result, the Board of Registered Nursing is scheduled to sunset on December 31, 2011. In the Governor's veto message he made it clear that his administration take all actions necessary under the law to protect consumers and nurses alike in order to reconstitute the Board in January.

In order to reconstitute the Board, legislation must be introduced, approved, and signed off by the Governor sometime after the legislature reconvenes on January 2, 2012. Staff members at the Governor's Office, the Legislature and the State and Consumer Services Agency have been working to draft language for the sunset bill.

If the proposed language has been finalized it will be presented to the board members for their review and consideration at the December 13, 2011, meeting.

NEXT STEPS: Board to consider, discuss, and make possible recommendations to the proposed sunset language if presented at the meeting.

FISCAL IMPLICATIONS, IF ANY: Unknown at this time.

PERSON TO CONTACT: Louise R. Bailey, M.Ed., RN
Executive Officer
(916) 574-7600

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 6.1
DATE: December 13, 2011

ACTION REQUESTED: Progress Report From United States University Entry Level Master's Degree Program and Recommended Action

REQUESTED BY: Leslie A. Moody, MSN, MAEd, RN
Nursing Education Consultant

BACKGROUND: Pilar DeLaCruz-Reyes, MSN, RN, is the program director and Elisabeth Hamel, EdD, MSN, RN, is the assistant program director. BRN staff conducted a continuing approval review on June 8 – 9 at the United States University (USU) ELM Program following receipt of complaints from students of USU's Cohort II Class of March 2011. There were findings of nine areas of noncompliance involving 14 sections and three recommendations were made. All findings were reported to the Board at the June 15, 2011 meeting, and the Board voted the following actions:

- To place United States University Entry Level Master's Degree Nursing Program on Warning Status with intent to remove Board approval.
- No new admission of students into the USU nursing program.
- The University is to take immediate corrective action to provide the 96 hours of supervised pediatrics experience for each of the 39 students in Cohort II. A priority is to be given to those students who have already taken the NCLEX Licensing Examination and/or are waiting to start employment.
- To submit a progress report to the Board addressing the areas of noncompliance and be present at the Board meeting September 2011.

The program submitted written and verbal progress reports at the August and October meetings of the Education/Licensing Committee, and at the September and November meetings of the Board. Across all of these meetings, the June 2011 actions of the Board have been continued. Additionally, at the November Board meeting, BRN staff was directed to conduct an on-site visit to the program to verify implementation of reported corrective actions and to identify any remaining areas of noncompliance.

A program visit was conducted on November 30 – December 1, 2011 by Miyo Minato, SNEC and Leslie A. Moody, NEC. Visit activities included meetings with program leadership, program admission and education advisors, current program students (cohort groups and with individual students as requested by them), faculty (group and individual meetings as requested by them) and USU students nursing prerequisite students; clinical site visits (Paradise Valley Hospital, San County Psychiatric Hospital, Sharp Chula Vista Medical Center) to meet with their representatives; tour of the skills/simulation lab and meeting with lab faculty; review of program documents including those related to faculty, clinical facilities, program evaluation, program meetings, student and faculty clinical rotations and assignments, course syllabi.

The program is found to have implemented significant changes to address previous recommendations and correct noncompliances. The evidence was obtained anecdotally from conversations with students, faculty, program leadership and clinical facility representatives, and also in program documents such as meeting minutes. The findings regarding the current program status and information that provided a basis for these findings is provided in the attached documents:

- Consultant Approval Report (EDP-S-08): assessment of program's compliance
- Report of Findings: summarizes current findings of noncompliance and recommendation
- BRN Staff Report of Meetings: provides a summary of information obtained from students, faculty and staff during this visit
- BRN Staff Summary of Program Improvements/Challenges: summarizes improvements made by the program since June 2011 and continuing challenges
- BRN Staff Comparison of Findings: provides a chart comparing the findings of the May/June, 2011 visits to the findings of the November 30 – December 1, 2011 visit

SUMMARY: The program is significantly closer to compliance at this time than was observed in June 2011. Program leadership is cooperating with BRN staff to provide requested information and respond to BRN staff direction. Students served by this program are not able to easily access other programs. The remaining noncompliances are primarily related to an inadequate number of clinical placements and qualified faculty. This condition will be somewhat alleviated when Cohort 5 is graduated (anticipated March 2012) which will leave approximately 50-60 students enrolled in Cohorts 6 and 7.

NEXT STEPS: Notify program of Board decision.

FISCAL IMPLICATIONS, IF ANY: None.

PERSON(S) TO CONTACT: Leslie A. Moody
Nursing Education Consultant
(760)369-3170

**CONSULTANT APPROVAL REPORT FOR
CONTINUING APPROVAL REVIEW**

EDP-S-08 (Rev. 08/11)

(916) 322-3350

PROGRAM NAME: United States University

DATES OF VISIT: November 30-December 1, 2011

APPROVAL CRITERIA

			COMMENTS	WORK COPY
	Compliance	Non-Compliance		
SECTION 1: PROGRAM DIRECTOR / ASSISTANT DIRECTOR SECTION 1425(a) The director of the program shall meet the following minimum qualifications: (1) A Master's or higher degree from an accredited college or university which includes course work in nursing, education or administration; (2) One (1) year's experience as an administrator with validated performance of administrative responsibilities consistent with 1420 (h); (3) Two (2) year's experience teaching in pre- or post-licensure nursing programs; and (4) One (1) year's continuous, full-time or its equivalent experience in direct patient care as a registered nurse; or (5) Equivalent experience and/or education as determined by the board. SECTION 1425(b) The assistant director shall meet the education requirements set forth in subsections (a)(1) above and the experience requirements set forth in subsections (a)(3) and (a)(4) above or such experience as the board determines to be equivalent. SECTION 1424(e) The director and the assistant director shall dedicate sufficient time for the administration of the program.	X		Pilar De La Cruz-Reyes, MSN, RN has been the appointed program director since August 1, 2011, meets BRN requirements and is BRN approved.	
	X		Elizabeth Hamel, PhD, RN is the assistant director, meets BRN requirements and is BRN approved.	
			Both the program director and assistant director work full time administering the ELM program. The program director also has responsibility to oversee the MSN/NP programs with assistance of a full-time coordinator assigned to manage the NP program.	

APPROVAL CRITERIA	WORK COPY		
	Compliance	Non-Compliance	COMMENTS
SECTION 1424(f) The program shall have a board-approved assistant director who is knowledgeable and current regarding the program and the policies and procedures by which it is administered and who is delegated the authority to perform the director's duties in the director's absence.	X		Assistant director is BRN approved.
SECTION 2: TOTAL PROGRAM EVALUATION			
SECTION 1424(b) The policies and procedures by which the program is administered shall be in writing, shall reflect the philosophy and objectives of the program, and shall be available to all students.	X		Program policies are available to students in the student handbook, course syllabi and the college catalogue.
(1) The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedures, attrition and retention of students, and performance of graduates in meeting community needs.	X		Regularly scheduled program evaluation data are being collected and reviewed at meetings of faculty, however, the evaluation plan is not followed consistently. <u>Recommendation: Sec 1424(b)(1)</u> Revise the program evaluation plan to clearly identify processes and schedule for collection, analysis and application of evaluation data, and implement the plan completely and consistently.
SECTION 1424(b) (2) The program shall have a procedure for resolving student grievances.	X		A procedure for resolving student grievances is presented to students in the student handbook and course syllabi.
SECTION 1424 (c) There shall be an organizational chart which identifies the relationships, lines of authority and channels of communication within the program, between the program and other administrative segments of the institution with which it is affiliated, and between the program, the institution and clinical agencies.	X		The organizational chart identifies appropriate lines of authority and channels of communication.

APPROVAL CRITERIA			COMMENTS
	Compliance	Non-Compliance	
SECTION 3: SUFFICIENCY OF RESOURCES SECTION 1424(d) The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment including technology to achieve the program's objectives.		X	<p>The program has sufficient resources for library, staff and support services, physical space and equipment. Skills/ simulation lab includes 8 work stations equipped with high and low fidelity mannequins, supplies and other equipment adequate to provide instruction. Students are provided scheduled and open lab time for practice. The lab is staffed with 1 full-time Instructor faculty who serves as lab coordinator in addition to her other teaching load, and she is assisted by two part-time assistant instructor faculty. Additional BRN qualified faculty are utilized when skills are being taught for the areas of pediatrics and obstetrics.</p> <p>The program's curriculum includes geriatric content integrated into medical-surgical nursing courses, which requires approval in both nursing areas for faculty members to teach in the identified courses. Of the 37 medical-surgical approved faculty members, only two faculty members have concurrent approval in geriatrics.</p> <p><u>Non-Compliance: [Refer to 1424(h)]</u> Insufficient number of approved faculty in geriatrics to implement the instruction for the approved curriculum.</p>

APPROVAL CRITERIA			WORK COPY
	Compliance	Non-Compliance	COMMENTS
SECTION 4: PROGRAM ADMINISTRATION AND FACULTY QUALIFICATIONS SECTION 1425 All faculty, the director, and the assistant director shall be approved by the board pursuant to the document, "Faculty Qualifications and Changes Explanation of CCR 1425. A program shall report to the board all changes in faculty including changes in teaching areas, prior to employment of or within 30 days after termination of employment of a faculty member. Such changes shall be reported on forms provided by the board. Each faculty member, director, and assistant director shall hold a clear and active license issued by the board and shall possess the following qualifications:		X	<p>The program director and assistant director are BRN approved.</p> <p>Faculty assignment records show that program has used faculty to teach prior to reporting and obtaining Board approval. Examples of non-compliance related to faculty approvals are listed below:</p> <ul style="list-style-type: none"> • 1 faculty with no BRN approval taught Med/Surg/Geri clinical in the simulation lab to students of Cohorts 5 and 6 in September 2011. Although the program submitted a request for approval of this faculty in November 2011 when the program director realized the error, the candidate did not meet qualifications requirements and could not be approved. • 10 faculty taught clinical courses containing Med/Surg and Geri content. These faculty are BRN approved in Med/Surg but not Geri. • 3 faculty have been assigned to teach theory courses containing Med/Surg and Geri content. These faculty are qualified and BRN approved in Med/Surg but not Geri. • 1 assistant instructor faculty was scheduled to teach the theory course for Psych/Mental Health in Spring 2012. Regulation requires that theory faculty be approved as Instructor. <p><u>Noncompliance: Sec 1425 [Refer to 1424(h)]</u> Program did not obtain approval for all faculty prior to employment.</p>

APPROVAL CRITERIA

APPROVAL CRITERIA	WORK COPY		
	Compliance	Non-Compliance	COMMENTS
<p>(a)The director of the program shall meet the following minimum qualifications:</p> <p>(1) A master's or higher degree from an accredited college or university which includes course work in nursing, education or administration.</p> <p>(2) One (1) year's experience as an administrator with validated performance of administrative responsibilities consistent with section 1420 (h):</p> <p>(3) Two (2) years' experience teaching in pre or post-licensure registered nursing programs; and</p> <p>(4) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse.</p> <p>(5) Equivalent experience and/or education as determined by the board.</p> <p>(b) The assistant director shall meet the education requirements set forth in subsection (a)(1) above and the experience requirements set forth in subsections (a)(3) and (a)(4) above, or such experience as the board determines to be equivalent.</p>	X		The program director meets all qualifications requirements and is BRN approved.
<p>SECTION 1424(g) Faculty members shall have the primary responsibility for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program.</p>	X		Program director reports, faculty reports and meeting minutes reflect faculty development, planning, organizing, implementation and evaluation of the program's policies/ procedures and curriculum.

APPROVAL CRITERIA

APPROVAL CRITERIA	WORK COPY		
	Compliance	Non-Compliance	COMMENTS
<p>SECTION 1424(h) The faculty shall be adequate in type and number to develop and implement the program approved by the board, and shall include at least one qualified instructor in each of the areas of nursing required by section 1426 (d) who will be the content expert in that area. Nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned.</p>		X	<p>There are a total of 67 faculty members, excluding the Director and Assistant Director. Full time faculty: 3 ; Part-time faculty: 64 There are 14 Instructors; 39 Assistant Instructors; and 9 Clinical Teaching Assistants.</p> <p>Qualified content experts are identified for each of the five content areas, 1 is full-time and 4 are part-time.</p> <p>Only two faculty members are approved in geriatrics, of a total of 37 who are approved to teach in medical-surgical content area. The program's curriculum has integrated geriatric and medical-surgical content areas, which requires that faculty members teaching in these courses need to be approved in both content areas.</p> <p>Faculty assignment document show a pattern of faculty assignment that indicate insufficient number of faculty. For example, one faculty was scheduled for 16 hours on 3 different dates in order to cover 2 student cohorts' clinical rotations (OB Co 6); another faculty was scheduled for 16 hours on 2 different dates to cover 2 student cohorts' clinical rotations (M/S/G Co 7)</p> <p><u>Noncompliance: Sec 1424(h)</u> There is insufficient number of faculty, in type and number, to achieve program objectives.</p>
<p>SECTION 1424(j) The assistant director shall function under the supervision of the director. Instructors shall function under the supervision of the director or the assistant director. Assistant instructors and clinical teaching assistants shall function under the supervision of an instructor.</p>	X		<p>The recently revised organizational chart and discussions with faculty, program director and assistant director, indicate that supervisory relationships are being appropriately practiced to ensure coordination of instruction and program delivery.</p>
<p>SECTION 1425(c) An instructor shall meet the following minimum qualifications:</p>	X		<p>Faculty approved as Instructor meet all qualifications.</p>

APPROVAL CRITERIA

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APPROVAL CRITERIA			COMMENTS
	Compliance	Non-Compliance	
<p>(1) The education requirements set forth in subsection (a) (1).</p> <p>(2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she is assigned, which can be met by:</p> <p>(A) One (1) year's continuous full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or</p> <p>(B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency; and</p> <p>(3) Completion of at least one (1) year's experience teaching courses related to registered nursing or completion of a post-baccalaureate course which includes practice in teaching registered nursing.</p> <p>SECTION 1425(d) An assistant instructor shall meet the following minimum qualifications:</p> <p>(1) A baccalaureate degree from an accredited college which shall include courses in nursing, or in natural, behavioral or social sciences relevant to nursing practice;</p> <p>(3) Direct patient care experience within the previous five (5) years in the nursing area to which he or she will be assigned, which can be met by:</p> <p>(A) One (1) year's continuous, full-time or its equivalent providing direct patient care as a registered nurse in the designation nursing area; or</p> <p>(B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency.</p> <p>SECTION 1425(e) A clinical teaching assistant shall have at least one (1) continuous, full-time or its equivalent experience in the designated nursing area within the previous five (5) years, as a registered nurse providing direct patient care.</p>	X		Faculty approved as assistant instructor meet all qualifications.
	X		Faculty approved as clinical teaching assistant meet all qualifications.

APPROVAL CRITERIA

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APPROVAL CRITERIA			COMMENTS
	Compliance	Non-Compliance	
<p>SECTION 1425(f) A content expert shall be an instructor and shall possess the following minimum qualifications:</p> <p>(1) A master's degree in the designated nursing area; or</p> <p>(2) A master's degree that is not in the designated nursing area and shall:</p> <p>(A) Have completed thirty (30) hours of continuing education or two (2) semester units or three (3) quarter units of nursing education related to the designated nursing area; or have national certification in the designated nursing area from an accrediting organization, such as the American Nurses Credentialing Center (ANCC); and</p> <p>Have a minimum of two hundred forty (240) hours of clinical experience within the previous three (3) years in the designated nursing area; or have a minimum of one (1) academic year of registered nurse level clinical teaching experience in the designated nursing area within the previous five (5) years.</p>	X		<p>Content experts are identified for each of the five content areas and meet the minimum qualifications:</p> <p>M/S: Sylvia Ford</p> <p>O: Gabi Aliyev</p> <p>C: Joni Oak</p> <p>P/MH: Karen Harbaugh (thru 12/11)</p> <p>Nancy Earl (beg 1/12)</p> <p>G: Flordelis (Lisa) DelaCruz</p>
<p>SECTION 5: CURRICULUM</p> <p>SECTION 1424(a) There shall be a written statement of philosophy and objectives that serves as a basis for curriculum structure. Such statement shall take into consideration the individual differences of students, including their cultural and ethnic background, learning styles, goals and support systems. It shall also take into consideration the concepts of nursing and man in terms of nursing activities, the environment, the health-illness continuum, and relevant knowledge from related disciplines.</p> <p>SECTION 1425.1(a) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content.</p>	X		
	X		Faculty assumption of responsibility and accountability for implementation of the curriculum is evidenced in discussions with faculty and faculty meeting minutes.

APPROVAL CRITERIA

APPROVAL CRITERIA	WORK COPY		
	Compliance	Non-Compliance	COMMENTS
<p>SECTION 1425.1(b) Each faculty member shall participate in an orientation program, including, but not limited to, the program's curriculum, policies and procedures, strategies for teaching, and student supervision and evaluation.</p> <p>SECTION 1425.1(d) Each faculty member shall be clinically competent in the nursing area in which he or she teaches.</p> <p>SECTION 1426(a) The curriculum of a nursing program shall be that set forth in this section and shall be approved by the board. Any revised curriculum shall be approved by the board prior to its implementation.</p> <p>SECTION 1426(b) The curriculum shall reflect a unifying theme, which includes the nursing process as defined by the faculty, and shall be designed so that a student who completes the program will have the knowledge, skills and abilities necessary to function in accordance with the registered nurse scope of practice as defined in code section 2775, and to meet minimum competency standards of a registered nurse.</p> <p>SECTION 1426(c) The curriculum shall consist of not less than fifty-eight (58) semester units, or eighty-seven (87) quarter units, which shall include at least the following number at least the following number of units in the specified course areas:</p>	N/A		Not evaluated at this visit.
		X	Noncompliance: Sec 1425.1(d) Refer to 1424(h) Unapproved faculty have been assigned to teach Med/Surg, Geri and Psych.
		X	Interview with admissions counselors noted that the program's ELM curriculum was being explained not as a program that had the Master's degree at completion, but more as two-part program where the exit was possible at the end of the prelicensure nursing content and BSN awarded. Some students currently enrolled in the nursing program and also some enrolled in prerequisite courses had the understanding that this program was a 16-18 month prelicensure program leading to NCLEX-RN and licensure eligibility with award of a BSN degree upon achieving licensure. They were unaware that the ELM program is 2.5-3 years in duration with the goal of achieving an MSN degree. The Program had experienced high attrition from their program at the completion of the prelicensure content following the licensure exam, and the provost had discussed with the NEC about an Accelerated BSN curriculum and possible curriculum change. Noncompliance: Sec 1426(a) The ELM curriculum is not being delivered as approved.
	X		
	X		

APPROVAL CRITERIA

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	Compliance	Non-Compliance	COMMENTS
<p>(1) Art and science of nursing, thirty-six (36) semester units or fifty-four (54) quarter units, of which eighteen (18) semester or twenty-seven (27) quarter units will be in theory and eighteen (18) semester or twenty-seven (27) quarter units will be in clinical practice.</p> <p>(2) Communication skills, six (6) semester or nine (9) quarter units. Communication skills shall include principles of oral, written and group communication.</p> <p>(3) Related natural sciences, (anatomy, physiology, and microbiology courses with labs) behavioral and social sciences, sixteen (16) semester or twenty-four (24) quarter units.</p>			
<p>SECTION 1426(d) Theory and clinical practice shall be concurrent in the following nursing areas: geriatrics, medical-surgical, mental health/psychiatric nursing, obstetrics and pediatrics. Instructional outcomes will focus on delivering safe, therapeutic, effective patient-centered care; practicing evidence-based practice; working as part of interdisciplinary teams; focusing on quality improvement; and using information technology. Instructional content shall include, but is not limited to, the following: critical thinking, personal hygiene, patient protection and safety, pain management, human sexuality, client abuse, cultural diversity, nutrition (including therapeutic aspects), pharmacology, patient advocacy, legal, social and ethical aspects of nursing, and nursing leadership and management.</p>		X	<p>Theory and clinical practice are not being delivered concurrently as scheduled due to inadequate clinical placements.</p> <ul style="list-style-type: none"> 6 students of Cohort 5 have not been able to complete clinical rotations for the Pediatrics theory course held 7/18-8/29/2011. Cohort 5 students have not yet completed clinical rotations relevant to the theory course NUR 400 Mental Health Nursing held 9/26-11/14/2011. It is anticipated that clinical rotations will be completed 12/9/2011. <p><u>Noncompliance: Sec 1426(d) [refer to 1427(b)]</u> Program did not provide clinical instruction concurrent with theory for some students in Peds and Pscyh/Mental Health.</p>
<p>SECTION 1426(e) The following shall be integrated throughout the entire nursing curriculum.</p> <p>(1) nursing process;</p>	X		

APPROVAL CRITERIA

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	Compliance	Non-Compliance	COMMENTS
(2) basic intervention skills in preventive, remedial, supportive, and rehabilitative nursing; (3) Physical, behavioral, and social aspects of human development from rehabilitative nursing; (4) Knowledge and skills required to develop collegial relationships with health care providers from other disciplines; (5) Communication skills including principles of oral, written, and group communications; (6) natural sciences including human anatomy, physiology and microbiology; and (7) related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior relevant to health-illness.			

APPROVAL CRITERIA

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APPROVAL CRITERIA			COMMENTS
	Compliance	Non-Compliance	
SECTION 1426.1 PRECEPTORSHIP A preceptorship is a course, or component of a course, presented at the end of a board-approved curriculum, that provides students with a faculty-planned and supervised experience comparable to that of an entry-level registered nurse position. A program may choose to include a preceptorship in its curriculum. The following shall apply: (a) The course shall be approved by the board prior to its implementation. (b) The program shall have written policies and shall keep policies on file for conducting the preceptorship that includes all of the following: (1) Identification of criteria used for preceptor selection; (2) Provision for a preceptor orientation program that covers the policies of the preceptorship and preceptor, student and faculty responsibilities; (3) Identification of preceptor qualifications for both the primary and relief preceptor that include the following requirements: (A) An active, clear license issued by the board; and (B) Clinically competent and meet the minimum qualifications specified in section 1425 (e); (C) Employed by the health care agency for a minimum of one (1) year; and (D) Completed a preceptor orientation program prior to serving as a preceptor; (E) A relief preceptor, who is similarly qualified to be the preceptor and present and available on the primary preceptor's days off. (4) Communication plan for faculty, preceptor, and student to follow during the preceptorship that addresses: (A) The frequency and method of faculty/preceptor/student contact; (B) Availability of faculty and preceptor to the student during his or her preceptorship experience; (1) Preceptor is present and available on the patient care unit the entire time the student is rendering nursing services during the preceptorship.	X		

APPROVAL CRITERIA

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APPROVAL CRITERIA	Compliance	Non-Compliance	COMMENTS
<p>(2) Faculty is available to the preceptor and student during the entire time the student is involved in the preceptorship learning activity.</p> <p>(5) Description of responsibilities of the faculty, preceptor, and student for the learning experiences and evaluation during preceptorship, that include the following activities:</p> <p>(A) Faculty member conducts periodic on-site meetings/conferences with the preceptor and the student;</p> <p>(B) Faculty member completes and conducts the final evaluation of the student with input from the preceptor;</p> <p>(6) Maintenance of preceptor records that include names of all current preceptors, registered nurse licenses, and dates of preceptorships.</p> <p>(7) Plan for ongoing evaluation regarding the continued use of preceptors.</p> <p>(c) Faculty/student ratio for precetorship shall be based on the following criteria:</p> <p>(1) Student/preceptor needs;</p> <p>(2) Faculty's ability to effectively supervise;</p> <p>(3) Students' assigned nursing area; and</p> <p>(4) Agency/facility requirements.</p> <p>SECTION 1426(g) The course of instruction shall be presented in semester or quarter units or the equivalent under the following formula:</p> <p>(1) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.</p> <p>(2) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. With the exception of an initial nursing course that teaches basic nursing skills in a skills lab, 75% of clinical hours in a course must be in direct patient care in an area specified in section 1426(d) in a board-approved clinical setting.</p>	X		

APPROVAL CRITERIA

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	Compliance	Non-Compliance	COMMENTS
SECTION 6: CLINICAL FACILITIES			
SECTION 1425.1(c) The registered nurse faculty member shall be responsible for clinical supervision only of those students enrolled in the registered nursing program.	X		
SECTION 1424(i) When a non-faculty individual participates in the instruction and supervision of students obtaining clinical experience, his or her responsibilities shall be described in writing and kept on file by the nursing program.	X		
SECTION 1427(a) A nursing program shall not utilize any agency or facility for clinical experience without prior approval by the board. Each program must submit evidence that it has complied with the requirements of subdivisions (b),(c) and (d) of this section and the policies outlined by the board.	X		
SECTION 1427(b) A program that utilizes an agency or facility for clinical experience shall maintain written objectives for student learning in such facilities, and shall assign students only to facilities that can provide the experience necessary to meet those objectives.		X	<p>Representatives at clinical facilities visited (Paradise Valley Hospital, Sharp Chula Vista) report learning objectives are communicated and posted.</p> <p>A new clinical facility agreement with the San Diego County Psychiatric Hospital is awaiting San Diego County executive signatures. The facility representative did not have a projected date for finalization of this agreement so planned student placements remain pending, which involves 22 students of Cohort 5 (theory course 9/26-11/14/11) and 20 students of Cohort 6 (course scheduled 3/6-4/24/12)</p> <p>Clinical facility placements are not adequate to support the current census and profile of enrolled program students. The program has not secured clinical placements for enrolled students as follows:</p> <ul style="list-style-type: none"> NUR 360L Pediatric acute clinical placement for 6 non-citizen students of Cohort 5 (theory course was completed 7/30-8/29/11 and SIM and outpatient peds clinical hours completed 10/1-11/13/2011)

APPROVAL CRITERIA			
	Compliance	Non-Compliance	COMMENTS
SECTION 1427(b) (continued)	X		<ul style="list-style-type: none"> NUR 460 Leadership – No confirmed clinical placements for 41 of 42 students in Cohort 5, which is scheduled from 12/12/2011 – 1/31/2012 Spring 2012 clinical rotations for some sub-cohorts of Cohort 6 and 7 Psych and Nursing Leadership courses remain unsecured <p><u>Noncompliance: Sec 1427(b) [See also 1426(d)]</u> Program failed to secure assignment of students into clinical facilities that can provide the experience necessary to meet course objectives in the required nursing content areas in a manner for the program to implement the approved curriculum to meet requirements identified per section 1426(d).</p>
SECTION 1427(c) Each such program shall maintain written agreements with such facilities and such agreements shall include the following: <ol style="list-style-type: none"> (1) Assurance of the availability and appropriateness of the learning environment in relation to the program's written objectives; (2) Provision for orientation of faculty and students; (3) A specification of the responsibilities and authority of the facility's staff as related to the program and to the educational experience of the students; (4) Assurance that staff is adequate in number and quality to insure safe and continuous health care services to patients; (5) Provisions for continuing communication between the facility and the program; and (6) A description of the responsibilities of faculty assigned to the facility utilized by the program. 	X		
	X		
SECTION 1427(d) In selecting a new clinical agency or facility for student placement, the program shall take into consideration the impact of such additional group of students would have on students of other nursing programs already assigned to the agency or facility.			

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APPROVAL CRITERIA

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	Compliance	Non-Compliance	COMMENTS
<p>SECTION 1429(b) The school shall offer objective counseling of this option and evaluate each licensed vocational nurse applicant for admission to its registered nursing program on an individual basis. A school's determination of the prerequisite courses required of a licensed vocational nurse applicant shall be based on an analysis of each applicants academic deficiencies, irrespective of the time such courses were taken.</p>	X		
<p>SECTION 1429(c) The additional education required of licensed vocational nurse applicants shall not exceed a maximum of thirty (30) semester or forty-five (45) quarter units. Courses required for vocational nurse licensure do not fulfill the additional education requirement. However, other courses comparable to those required for licensure as a registered nurse, as specified in section 1426, may be fulfill the additional education requirement.</p> <p>Nursing courses shall be taken in an approved nursing program and shall be beyond courses equivalent to the first year of professional nursing courses. The nursing content shall include nursing intervention in acute, preventive, remedial, supportive, rehabilitative and teaching aspects of nursing. Theory and courses with concurrent clinical practice shall include advanced medical-surgical, mental health, psychiatric nursing and geriatric nursing.</p> <p>The nursing content shall include the basic standards for competent performance prescribed in section 1443.5 of these regulations.</p>	X		

APPROVAL CRITERIA	WORK COPY		
	Compliance	Non-Compliance	COMMENTS
SECTION 9: PREVIOUS EDUCATION CREDIT SECTION 1430 An approved nursing program shall have a process for a student to obtain credit for previous education or for other acquired knowledge in the field of nursing through equivalence, challenge examinations, or other methods of evaluation. The program shall make the information available in published documents, such as college catalog or student handbook, and online.	X		
SECTION 10: LICENSING EXAMINATION PASS RATE STANDARD SECTION 1431 The nursing program shall maintain a minimum pass rate of seventy five percent (75%) for first time licensing examination candidates. (a) A program exhibiting a pass rate below seventy five percent (75%) for first time candidates in an academic year shall conduct a comprehensive program assessment to identify variables contributing to the substandard pass rate and shall submit a written report to the board. That report shall include the findings of the assessment and a plan for increasing the pass rate including specific corrective measures to be taken, resources, and timeframe. (b) A board approval visit will be conducted if a program exhibits a pass rate below seventy five percent (75%) for first time candidates for two (2) consecutive academic years. (c) The board may place a program on warning status with intent to revoke the program's approval and may revoke approval if a program fails to maintain the minimum pass rate pursuant to Section 2788 of the code.		X	2009-10 8 taken 5 passed 62.50% 2010-11 28 taken 20 passed 71.43% 2011-12 Jul-Sep 2 taken 1 passed 50% The program was notified via letter dated July 23, 2010 regarding the 2009-10 substandard pass rate and again August 2, 2011 of substandard pass rate for two consecutive years. <u>Noncompliance: Section 1431</u> Program graduate first time test-takers have not achieved 75% pass rate on NCLEX-RN exam.

BOARD OF REGISTERED NURSING

REPORT OF FINDINGS

United States University Entry Level Master's Degree Nursing Program

Visit Dates: November 30 and December 1, 2011

Visitors: Miyo Minato, SNEC and Leslie Moody, NEC

Four areas of noncompliance involving eight related sections, and one recommendation.

NONCOMPLIANCES:

Program Administration and Faculty Qualifications

1) Noncompliance: Sec 1424(h) The faculty shall be adequate in type and number to develop and implement the program approved by the board, and shall include at least one qualified instructor in each of the areas of nursing required by section 1426(d) who will be the content expert in that area. Nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned.

There is insufficient number of faculty, in type and number, to achieve program objectives.

- **Related Noncompliance: Sec 1424(d)** The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment including technology to achieve the program's objectives.

Insufficient number of approved faculty in geriatrics to implement the instruction for the approved curriculum.

- **Related Noncompliance: Sec 1425** All faculty, the director, and the assistant director shall be approved by the board pursuant to the document, "Faculty Qualifications and Changes Explanation of CCR 1425.

Program did not obtain approval for all faculty prior to employment.

- **Related noncompliance: Sec 1425.1(d)** Each faculty member shall be clinically competent in the nursing area in which he or she teaches.

Unapproved faculty have been assigned to teach Med/Surg, Geri and Psych.

Curriculum:

2) Noncompliance: Sec 1426(a) The curriculum of a nursing program shall be that set forth in this section and shall be approved by the board. Any revised curriculum shall be approved by the board prior to its implementation.

The ELM curriculum is not being delivered as approved.

Clinical Facilities:

3) Noncompliance: Sec 1427(b) A program that utilizes an agency or facility for clinical experience shall maintain written objectives for student learning in such facilities, and shall assign students only to facilities that can provide the experience necessary to meet those objectives.

Program failed to secure assignment of students into clinical facilities that can provide the experience necessary to meet course objectives in the required nursing content areas in a manner for the program to implement the approved curriculum to meet requirements identified per section 1426(d).

- **Related Noncompliance: Sec 1426(d)** Theory and clinical practice shall be concurrent in the following areas: geriatrics, medical-surgical, mental health/psychiatric nursing, obstetrics and pediatrics.

Program did not provide clinical instruction concurrent with theory for some students in Peds and Psych/Mental Health.

Licensing Examination Pass Rate Standard:

4) Noncompliance: Sec 1431 The nursing program shall maintain a minimum pass rate of seventy five percent (75%) for first time licensing examination candidates.

Program graduate first time test-takers have not achieved 75% pass rate on NCLEX-RN exam.

RECOMMENDATION:

Sec 1424(b)(1) The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedures, attrition and retention of students, and performance of graduates in meeting community needs.

Revise the program evaluation plan to clearly identify processes and schedule for collection, analysis and application of evaluation data, and implement the plan completely and consistently.

BRN Staff Report of Meetings

November 30 – December 1, 2011 USU ELM Program Visit

The following is a summary overview of information obtained during the visit from specific groups:

Prerequisite Students Meeting:

Approximately 30 students attended, most of whom were in process of completing nursing prerequisite courses with a few who had already completed them, and all are awaiting the opportunity to apply for admission to the ELM program. Attendees reported that access to the USU nursing program is of high importance to them for the following reasons: the perceived quality of the program, location of the school in an underserved area, support provided to meet their unique needs as working adults (night/weekend course offerings), low cost of the program in comparison to other private schools in the San Diego area, higher potential for admission compared to public schools in the area. Many students reported their understanding that the program goal was achievement of licensure eligibility and a subsequent BSN degree which could be completed in 16-18 months. Students also reported that they had not been informed that the program was on “Warning Status With Intent to Remove Approval” – they had only been told that the program was under “review” or “audit” by the BRN, that the expectation was to have issues resolved quickly but that the school staff could not give a definite date upon which admission applications would be taken. Students did not feel they understood the seriousness of the program’s status but expressed continued commitment to applying for admission to the nursing program.

ELM Program Student Meetings/Contacts:

- Current ELM Student Cohort Meetings:

Approximately 50 (of 97) students from Cohorts 5-7 attended the two group students meeting session. It was reported that other students were currently unable to attend due to work, family or coursework obligations. Prior to this visit, one phone call was received from a nursing student who reported that students “with anything bad to say” should not attend and that all students may not have received notification of this meeting. Evidence provided by the program supports that extensive notification efforts were made by the program to notify all students of the opportunity to attend meetings with BRN staff during the visit – notifications were posted in several highly visible locations at the school and were sent to all students via e-mail.

Students from Cohorts 5 and 6 reported significant changes experienced in program delivery occurring since the May/June visits of BRN staff. They report improvement in clinical rotation experiences, student participation in program evaluation and committees, CSNA chapter established and opportunities for community service to increase professional involvement and awareness, faculty and program leadership access/communication/responsiveness, and overall program experience. Students thanked the BRN Board and staff for their intervention which they feel has markedly improved the nursing program quality. Cohort 7 students agreed that they are receiving a quality educational experience and pointed out that they are all second degree-seeking professionals with ability to evaluate beyond that of other types of students who are new to university environments. All students expressed an increased awareness of their obligation to their nursing education experience and a strong commitment to continuing in the program despite delays in course offerings and completion date that may be necessary to ensure their appropriate educational experience.

Students strongly expressed their need for the availability of this program which is in a convenient location near their homes, provides the ELM program at a lower cost compared to other near private schools, offers course scheduling which is convenient for them as working adults, prepares them for NCLEX-RN and licensure eligibility in a short time frame, and serves their support needs. They are concerned about the possible inability to achieve their professional and employment goals if approval for this program is withdrawn. Special areas of concern for students are depletion of their finances, delays in completing nursing education and potential non-transferrability of completed coursework, which could make impossible their goal of becoming a Registered Nurse.

- Individual Student Contacts to BRN Prior to Visit

- Student reported per phone prior to the visit that the program may have discouraged students from frank disclosure of problems during the BRN visit. Evidence of this was not discovered during the visit.
- Multiple phone calls received prior to visit from Cohort 7 students (8) expressing anxiety regarding possible ELM program closure, seeking advice regarding options, and stating support for the program as it is currently being offered due to recent improvements.

- Individual Student Meetings During Visit

- Student 1: VN to RN student reported that she felt she had been required to take unnecessary courses and had not been advised that she would not be taking courses during the program period when OB and Peds are scheduled.

She requested that the program schedule her into different required coursework during this time and the program director reports they are working to meet this request.

- Student 2: This student expressed that no other program in the area offered an opportunity for completion of licensure and BSN degree requirements in the short timeframe allowed due to the student's status as a military spouse with only short duty assignments in any single location. This barrier has prevented the student from completing prior nursing program enrollment in other schools.

- Student 3: This student, who is in the last semester and completing the program expressed how many sacrifices have been made to attend this school and to become a registered nurse and was concerned about the program and her future.

Admissions/Education Advisor Meeting

One admissions advisor and one education advisor attended a meeting with BRN staff. The admissions advisor performs intake of prospective new students, providing evaluation of prior coursework and establishing an education/enrollment plan, and the education advisor provides guidance and referral support to students once they are enrolled in the nursing program. The admissions advisor reports that approximately 75% of students expressing interest in the ELM program already have a Baccalaureate Degree (or higher degree) and are scheduled for program prerequisites as necessary and then to application for admission to the ELM program. Students without a Baccalaureate Degree are advised regarding the USU Health Sciences degree program which they can complete along with nursing prerequisite courses and then will be eligible to apply for ELM admission. Students are informed by the admissions advisor that the program takes 18 months to complete for a BSN degree and that students are "encouraged" to complete the MSN degree pathway. The admissions advisor additionally reported advising potential students that it is acceptable to enroll with or without plans to complete the MSN coursework portion of the program. This staff later amended her information to say that the program terminus does include additional coursework beyond the BSN to achieve an MSN degree. The education advisor staff member reported that the program is an ELM program with terminal objective of an MSN degree.

Faculty Meetings:

- Group Faculty Meeting

Seven faculty attended the group meeting. They described positive changes including the following: regular meetings held for all faculty as well as separate content faculty meetings where program issues are discussed; more informed and active construction of students' learning experiences in the classroom and clinical; active leadership by the program director; establishment of a CSNA chapter with assigned faculty mentor/advisor; improved skills/simulation lab equipment, staffing and design of student lab experiences; faculty development for use of simulation to support instruction; student participation in faculty meetings and the Paradigm Committee (regular meeting of university and program leadership, faculty and students to discuss program issues). All faculty agree that the program is improving greatly under the current program director's leadership. Faculty present as highly motivated and enthusiastic, and developing improved instructional/program delivery skills.

- Individual Faculty Meetings

- Faculty 1: This part-time faculty reports that the program is now working much harder on securing clinical placements for students, adding that the major area of challenge continues to be securing peds clinical placements for the non-citizen students. Improvements have been significant in the communications and coordination between theory and clinical faculty, and faculty have been added. Faculty are also working together to identify and strengthen weaknesses in the curriculum including learning objectives. This highly qualified faculty is considering acceptance of a full-time faculty position offer from the program.

- Faculty 2: This full-time faculty reports enjoying increased involvement with student professional development as the advisor/mentor to the CSNA chapter that has been established. Improvements are reported also in communications among faculty and between program leadership and faculty, coordination between theory and clinical faculty and development of clinical learning sites.

Clinical Facility Representative Meetings

Three clinical facilities were visited – Paradise Valley Hospital, Sharp Chula Vista Medical Center and San Diego County Psychiatric Hospital. The clinical facility agreement with the San Diego County facility has not yet been fully executed so the representative did not yet have experience with the USU students. Once fully executed (completion date unknown) the agreement will allow USU to schedule 8 students (4 on each of two units) at a time for clinical rotations. The other two facility representatives reported an overall positive image of the USU ELM students with improvements noted in the past few months regarding interactions with faculty and students. Paradise Valley Hospital expresses strong support for the USU program as a source of future nurses that can provide culturally sensitive care to their patients who are mostly Hispanic with many also being non-English speaking.

BRN Staff Summary of Improvements/Challenges

USU ELM Program

November 30 – December 1, 2011 Visit

Note: information on this page is offered in conjunction with the BRN Staff Comparison of Findings to provide an overview of the program's progress and current state.

Improvements	Challenges
<p>Program Leadership:</p> <ul style="list-style-type: none">• Director visible and available to students and faculty• Actively manages the program• Initiated structural systems to improve communication, program evaluation, student participation, faculty collaboration and coordination oversight of students' completion of program requirements• Faculty development	<ul style="list-style-type: none">• Must continue to meet the learning curve regarding regulatory and curricular requirements for compliant program delivery and improved student outcomes• Inexperience in the area of curriculum development, implementation and evaluation
<p>Faculty:</p> <ul style="list-style-type: none">• Cohesive and functioning as a team• More effectively planning clinical learning experiences for students• Content experts for all 5 content areas• Actively assuming responsibility for planning, delivery and evaluation of the curriculum• 3 full-time faculty and program is recruiting	<ul style="list-style-type: none">• Inexperienced faculty will require further development
<p>Students:</p> <ul style="list-style-type: none">• Received well by clinical facility staff• Culturally diverse, second-career, mature working adult student population, with commitment to become registered nurses.• Express strong commitment to the quality of their educational experience• Confident, educated, articulate• 50% attended BRN visit meetings• CSNA participation	<ul style="list-style-type: none">• Deferred completion of prelicensure courses results in delayed ability to achieve licensure, progress to ELM completion, enter professional RN practice and obtain employment as an RN
<p>Clinical Facilities:</p> <ul style="list-style-type: none">• Strongly supportive clinical partners that are committed to the program's success• Variety of clinical facility partners to meet varied learning objectives	<ul style="list-style-type: none">• Cannot secure non-citizen student clinical placements for peds rotations• Inadequate number of clinical facilities to meet curriculum requirements for current student enrollment particularly in the areas of peds and psych
<p>Curriculum:</p> <ul style="list-style-type: none">• Delivery of the curriculum has been improved through development of faculty, addition of simulation capability, improved skills lab, coordination of instructional delivery, program evaluation activities, regular meetings of faculty and students	<ul style="list-style-type: none">• Learning objectives need better definition to focus faculty instruction• Program is being delivered more as an accelerated BSN than an ELM program
<p>Resources:</p> <ul style="list-style-type: none">• Skills lab adequately equipped and available to students for individual practice• Simulation equipment has been purchased, faculty inservice conducted, and simulation is being developed as an instructional support and clinical experience complement	<ul style="list-style-type: none">• Development of simulation application to instruction needs to continue so that it is effectively and appropriately applied

BRN Staff Comparison of Findings

Re: United States University

Based on visit conducted November 30-December 1, 2011 by Miyo Minato, SNEC and Leslie Moody, NEC

Note: - some information on this chart is abbreviated and paraphrased – for full text refer to Consultant Approval Report
 - current areas of noncompliance and recommendation are indicated with gray shading in the right column

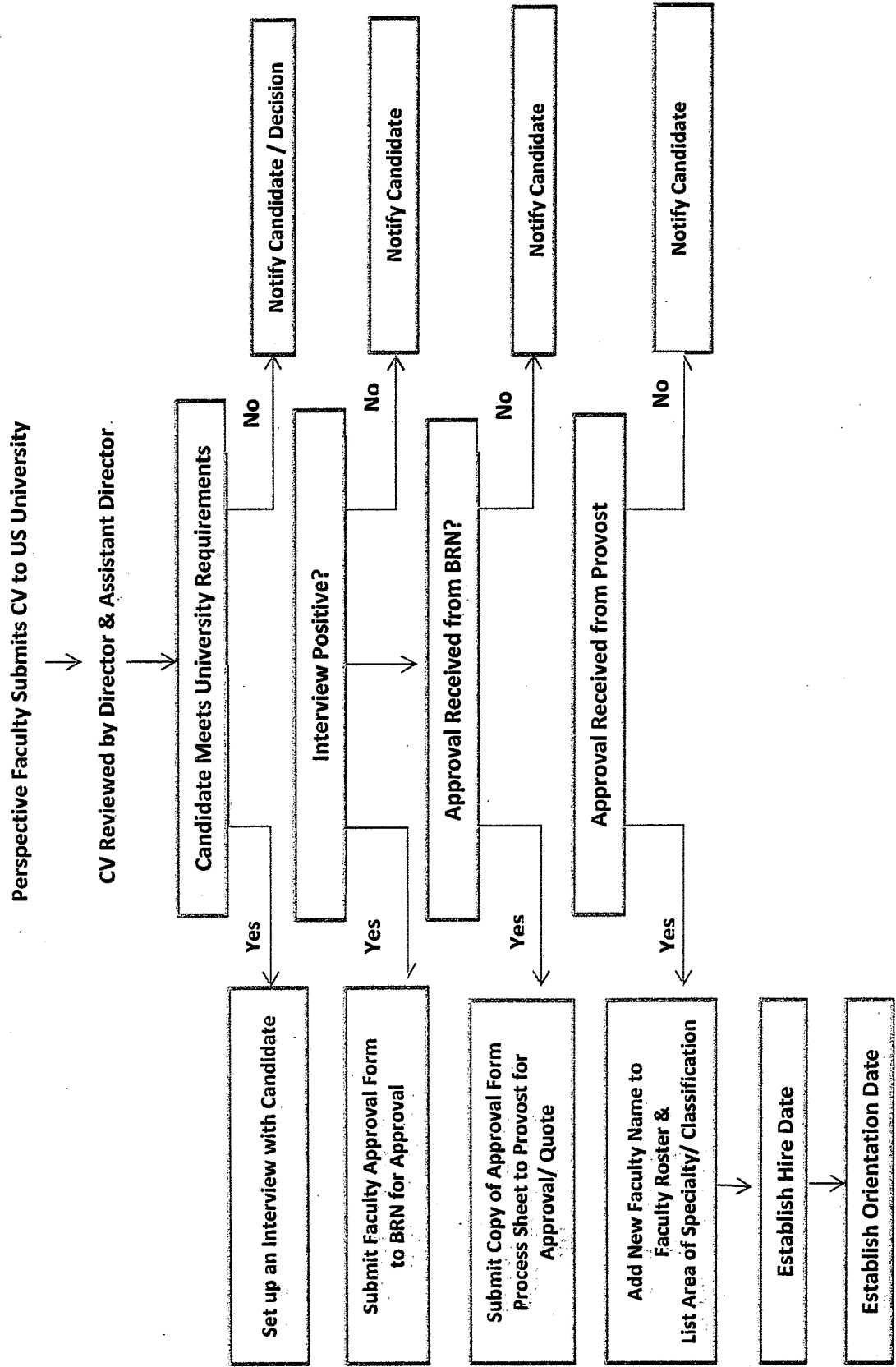
Regulatory Section (abbreviated and paraphrased)	Program Status May/June 2011	Program Status November/December 2011
1424(b) policies/procedures of program	Recommendation	Program is in compliance
1424(b)(1) program shall have a written plan for evaluation of the total program	Recommendation: Review and evaluate data and make changes indicated for program improvement.	Continued Recommendation: Revise the program evaluation plan to clearly identify processes and schedule for collection, analysis and application of evaluation data, and implement the plan completely and consistently.
1424(c) organizational chart	Recommendation	Program is in compliance
Sufficiency of Resources 1424(d) The program shall have sufficient resources, including faculty, library, staff and support services, physical space/equipment, including technology	Noncompliance: The program has insufficient resources, including skills lab equipment for instruction of nursing skills and full-time faculty to implement the curriculum and achieve program objectives.	Related Noncompliance: Sec 1424(h) There is insufficient number of faculty, in type and number, to achieve program objectives.
1424(f) program shall have approved assist. director.	Noncompliance	Program is in compliance
1424(g) Faculty have primary responsibility	Noncompliance	Program is in compliance
	Related Noncompliance: 1424(j) No coordination of theory and clinical faculty; clinical faculty supervision not being done consistently.	Program is in compliance.
1424(h) The faculty shall be adequate in type and number and include at least one qualified instructor in each of the areas of nursing who will be the content expert. Nursing faculty members shall be clinically competent in the areas to which they are assigned.	Noncompliance: There is insufficient number of qualified full-time faculty to meet the requirements for supervision of clinical faculty, content expert roles, and to conduct clinical instruction to achieve program objectives.	Noncompliance: There is insufficient number of faculty, in type and number, to achieve program objectives.
	Related Noncompliance: Sec 1425.1(d) Unapproved faculty were assigned to teach.	Related Noncompliance: Sec 1425.1(d) Unapproved faculty have been assigned to teach Med/Surg, Geri and Psych.
		Related Noncompliance: Sec 1425 Program did not obtain Board approval for all faculty prior to employment.
	Related Noncompliance: Sec 1425(f) Geri cont.exp.	Program is in compliance
	Related Noncompliance: Sec 1425.1(a) faculty member responsibility for curriculum delivery.	Program is in compliance

<u>Faculty Qualifications</u> 1425(b) assistant director	Noncompliance: refer to 1424(f)	Program is in compliance.
<u>Faculty Responsibilities</u> 1425.1(a) faculty members assume responsibility	Noncompliance: refer to sect 1424(h)	Program is in compliance.
<u>Curriculum</u> 1426(a) curriculum of a nursing program shall be approved by the board. Revised curriculum shall be approved by the board prior to its implementation.		Noncompliance: The ELM curriculum is not being delivered as approved. (new noncompliance identified during this visit)
1426(b) curriculum ensures knowledge, skills, abilities necessary to function as RN	Noncompliance	Program is in compliance
1426(d) Theory/clinical practice shall be concurrent: geri, Med/Surg, psych/ment.hlth, OB, peds.	Noncompliance: Program failed to provide concurrent theory and clinical in pediatrics course as required by their approved curriculum.	[see below Related Noncompliance for 1427(b)]
<u>Clinical Facilities</u> 1427(b) A program which utilizes agencies and/or community facilities for clinical experience shall maintain written objectives for student learning and shall assign students only to facilities which can provide the experience necessary to meet those objectives.	Noncompliance: - The program failed to communicate clearly the objectives for students' clinical learning and did not have written objectives on the unit when the visit was made. - Current Psych facility used does not provide the experience necessary for students to meet the objectives for psychiatric-MH course objectives.	Noncompliance: Program failed to secure assignment of students into clinical facilities that can provide the experience necessary to meet course objectives in the required nursing content areas in a manner for the program to be able to implement the approved curriculum to meet requirements identified per section 1426(d)
		Related Noncompliance Sec 1426(d): Program did not provide clinical instruction concurrent with theory for some students in Peds and Psych/Mental Health.
<u>Student Participation</u> 1428. Students' opportunity to participate	Noncompliance	Program is in compliance
<u>Policies R/T Eligibility for Examination</u> 1428.6(b) program shall notify board immediately of any student who loses eligibility for examination.	Noncompliance	Program is in compliance
<u>Licensing Examination Pass Rate Standard</u> 1431. The nursing program shall maintain a minimum pass rate of seventy-five percent (75%) first time licensing exam candidates.	Noncompliance: NCLEX results below 75%	Noncompliance: NCLEX results 2009-10 62.5%; 2010-11 71.4%; 2011-12 1 st Qtr Jul-Sep: 50%



SCHOOL OF NURSING

New Faculty Flow Chart



USU NURSING FACULTY RETREAT

FRIDAY, DECEMBER 30, 2011; 0900 – 1300; ROOM 137

AGENDA

Welcome & "Ice Opener"

Review of current curriculum

- course descriptions
- course learning outcomes
- course objectives
- recommended changes
- introduction of PLOD
- concept mapping

Continuous improvement of learning outcome achievement

- areas of success
- review of attrition data
- improving NCLEX passage rates; plan
- program evaluation plan (collection, analysis and application of evaluation data)
- 2012 goals; plan, implementation, data analysis and evaluation

BRN areas of non-compliance

- Improvements made
- 4 areas of non-compliance
- strategies to meet compliance

Faculty orientation

- role of content experts
- faculty mentors/orientation
- faculty handbook
- reclassification

Skills/SIM lab/ Role of Coordinator

- scheduling for simulation
- student remediation

Other

- paradigm committee